

Medicine- Graduate Medical Trainee-

AA0000536960



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION				
Last Name	FEINGOLD-LINK	First Name	ELANA	
Middle Name	TAL	Suffix		
Full Name	ELANA TAL FEINGOLD-LINK			
SSN	[REDACTED]	Date Of Birth	[REDACTED]	Age 30 Gender
ADDRESS DETAILS				
Street Address	[REDACTED]			
City/State/Zip	PHILADELPHIA Pennsylvania 19147			
County	Philadelphia	Country	United States	
CONTACT DETAILS				
Phone number	[REDACTED]		Mobile Phone number	
Primary Email Address	[REDACTED]		Secondary Email Address	
CHECKLIST ITEMS				
Checklist name	Status	Submitted Date	Expiration Date	
Application	Pending Review	05/23/2018		
Application Fee	Completed	05/23/2018		
Child Abuse CE	Completed	04/23/2018		
Exam Results	Not Received	04/23/2018		
LEGAL QUESTIONS				
Questions	Answer	Document Uploaded	File Name	
1 Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice in any health-related profession in any state or jurisdiction?	N	No		
2 Please provide the profession and state or jurisdiction.		No		
3 Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N	No		
4 Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No		

6	Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N	No	
7	Have you completed at least 2 hours of Board-approved education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?	N	No	
7	Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
8	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N	No	
9	Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N	No	
10	Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N	No	
11	Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N	No	
12	Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N	No	
13	Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		No	
14	Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N	No	
15	Docket Number:		No	
16	Filing Date:		No	
17	Date you were served:		No	

TRAINING HOSPITAL INFORMATION

NAME & ADDRESS OF TRAINING HOSPITAL(S)	DATES OF TRAINING:	SPECIALTY	PGY Training Level
PENNSYLVANIA HOSPITAL, ACADEMIC AFFAIRS OFFICE 800 SPRUCE STREET Philadelphia PA 191076192	06/18/2018 to 06/17/2019	Obstetrics and Gynecology	Level 4

CONFIRMATION

All fees are non-refundable. Please check to continue with your transaction. (05/23/2018 16:05:25)

EmailTo: [REDACTED]

EmailFrom: RA-STPALSNOTIFY@pa.gov

Subject: Provider Enrollment Deadline - Your Claims May Be Denied

Date Sent: 06/11/2019



Provider Enrollment Deadline

Your Claims May Be Denied

The Pennsylvania Department of Human Services (DHS) has implemented the Affordable Care Act (ACA) provision requiring all CHIP network providers and practitioners who render, order, prescribe or bill for items or services to CHIP enrollees to be screened and enrolled with DHS.

Effective **July 1, 2019**, claims for services rendered to a CHIP enrollee that are submitted by a provider who does not have a PROMISe ID that corresponds to the location where the service(s) were rendered will be denied in accordance with DHS requirements.

If you would like to continue receiving payment for services rendered to CHIP enrollees, please complete your enrollment with the Department as soon as possible.

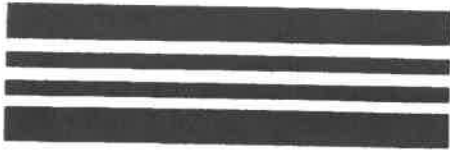
Enrollment information and the ability to enroll electronically are available at the following website: [CHIP Provider Enrollment](#). **Providers are encouraged to enroll electronically.**

If you have any questions or issues with the enrollment process, contact the Provider Enrollment Hotline at 1-800-537-8862, select options 2, 4 and finally option 2 to speak to a representative.

10/16/2019

CHIP Provider Enrollment Claim Denial Alert

**Pennsylvania Department of Human Services
Harrisburg, Pennsylvania**



TARGET SHEET

Board: Medicine

Licensee Full Name:
ELANA TAL FEINGOLD-LINK

License No:
MT209601

3339259_LIC_2_06/03/2016

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF STATE
 BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
 STATE BOARD OF MEDICINE

MT209601
 FEINGOLD-LINK

RENEWAL APPLICATION

ELANA TAL FEINGOLD-LINK 9849
 PENNSYLVANIA HOSPITAL
 ACADEMIC AFFAIRS OFFICE
 800 SPRUCE STREET
 2 PINE WEST
 PHILADELPHIA PA 19107

State Board of Medicine
 PO Box 2649
 Harrisburg, PA 17105-2649

I will not be participating in graduate training in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. YOU MUST SIGN, DATE AND RETURN THIS FORM.

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If YES to 2-12 - provide details AND attach certified copies of legal document(s).
	1	1. Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, provide the profession and state or jurisdiction. List:
	1	2. Since your initial application or your last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
	1	3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
	1	4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
	1	5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
	1	6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
	1	7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
	1	8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
	1	9. Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
	1	10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		11. Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
	1	12. Since your initial application or last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. **If you previously reported the complaint to the Board, provide the docket number _____

08-23-16P05:26 RCVD

Marialina Scafi 6/2/16
 Marialina Scafi, Director of GME

JUN 3 2016

08-23-16A09:19 RCVD

Please review and update, as necessary, the following information regarding your license:

	Beginning Date	Ending Date	PGY Training Level	ACGME Specialty	Hospital #	Hospital Name
Current	06/18/2015	06/17/2016	Level 1	Obstetrics and Gynecology	HS000181L	PENNSYLVANIA HOSPITAL
Renewal	06/18/2016	06/17/2017	Level 2	OBSTYN	HS000181L	Penn Hospital

Signature of Licensee (Mandatory):

[Redacted Signature]

Date:

3/16/16

Medical School Graduation Date:

5/08/2015

SSN:

[Redacted SSN]

CONTINUING MEDICAL EDUCATION

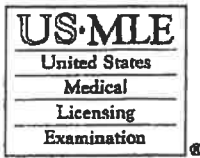
ACT 31 OF 2014 - EFFECTIVE WITH THE FIRST LICENSE RENEWAL AFTER JANUARY 1, 2015, all health-related licensees and funeral directors applying for the renewal of a license issued by the Board shall be required to complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements as a condition of renewal.

Please note that Act 31 applies to all health-related licensees, regardless of whether they are subject to the continuing education requirements of the applicable board.

Details can be found at www.dos.pa.gov. For a list of Board-approved providers, click the "Act 31 Mandated Child Abuse Reporter Training" link. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.

ATTACHMENTS FOR RENEWING:

- FEE – \$15.00 check payable to "COMMONWEALTH OF PENNSYLVANIA". Write your license number on your payment. A \$20.00 fee will be assessed for a returned payment.
- LATE FEE - \$5.00 per month, or part of a month. Late renewal fee will be assessed if postmarked after the expiration date.
- NAME CHANGE DOCUMENT – Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree, etc.)
- PGY 2 LEVEL – Copy of your USMLE Step 1 and 2 scores OR FLEX I scores OR National Board Part 1 and 2 scores OR an acceptable combination as indicated in the regulations.
- PGY 3 LEVEL or above – Copy of your USMLE Step 3 scores OR FLEX I and II scores OR National Board Parts 1-3 scores OR an acceptable combination as indicated in the regulations OR a copy of your unrestricted license WHICH SHOWS THE CURRENT EXPIRATION DATE.



**United States Medical Licensing Examination® (USMLE®)
Certified Transcript of Scores**

This document was prepared by
National Board of Medical Examiners® (NBME®)
3750 Market Street, Philadelphia, PA 19104-3190 - Telephone (215) 590-9700

Date: 01/26/2015

Examinee: Feingold-Link, Elana Tal

Examinee ID: 5-275-683-0

Date of Birth: [REDACTED]

Results for all Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, the recommended minimum passing score (MP) is shown in parentheses. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

USMLE Step 1

Test Date	Pass/Fail	Score	MP	Comments
06/25/2012	Pass	232	188	

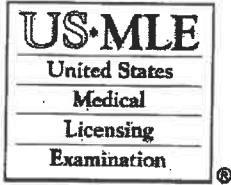
USMLE Step 2 Clinical Knowledge

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	MP	Comments
08/26/2014	Pass	247	209	

NOTE: A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.

JUN 3 2016



UNITED STATES MEDICAL LICENSING EXAMINATION®

STEP 2 CLINICAL SKILLS (CS) SCORE REPORT

This score report is provided for the use of the examinee.

Third-party users of USMLE information are advised to rely solely on official USMLE transcripts.

Feingold-Link, Elana Tal

USMLE ID: 5-275-683-0

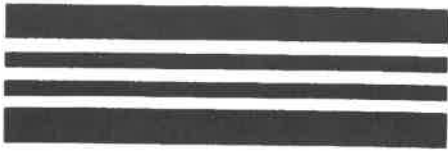
Test Date: February 23, 2015

The USMLE is a single examination program consisting of three Steps designed to assess an examinee's understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care. Step 2 is designed to assess whether an examinee can apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision, including emphasis on health promotion and disease prevention. The inclusion of Step 2 in the USMLE sequence is intended to ensure that due attention is devoted to principles of clinical sciences and basic patient-centered skills that provide the foundation for the safe and competent practice of medicine. There are two components to Step 2: a Clinical Knowledge (CK) examination and a Clinical Skills (CS) examination. This report represents results for the Step 2 CS examination only. Results of the examination are reported to medical licensing authorities in the United States and its territories for use in granting an initial license to practice medicine. The overall Pass/Fail outcome provided below represents your result for the administration of the Step 2 CS on the test date shown above.

<i>Overall Pass/Fail Outcome</i>
PASS

The overall outcome for Step 2 CS, reported above, is based upon the minimum passing levels set by USMLE for the three Step 2 CS subcomponents. The three subcomponents are Integrated Clinical Encounter (ICE), Communication and Interpersonal Skills (CIS), and Spoken English Proficiency (SEP). It is necessary to pass all three subcomponents in order to obtain an overall passing outcome on the Step 2 CS. Results for the three Step 2 CS subcomponents are reported below.

<i>ICE</i>	<i>CIS</i>	<i>SEP</i>
PASS	PASS	PASS



TARGET SHEET

Board: Medicine

Licensee Full Name:
ELANA TAL FEINGOLD-LINK

License No:
MT209601

3339259_LIC_2_03/30/2017

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE

MT209601
FEINGOLD-LINK

RENEWAL APPLICATION

ELANA TAL FEINGOLD-LINK 9849
PENNSYLVANIA HOSPITAL
ACADEMIC AFFAIRS OFFICE
800 SPRUCE STREET
PHILADELPHIA PA 19107-6192

State Board of Medicine
PO Box 2649
Harrisburg, PA 17105-2649

I will not be participating in graduate training in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. **YOU MUST SIGN, DATE AND RETURN THIS FORM.**

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	IF YES TO 2-12 - provide details AND attach copies of legal document(s).
	1	1. Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice any health-related profession or occupation in any state or jurisdiction? If you answered yes, provide the profession and state or jurisdiction. List:
	1	2. Since your initial application or your last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
	1	3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
	1	4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
	1	5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
	1	6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
	1	7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
	1	8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
	1	9. Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
	1	10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
	1	11. Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
	1	12. Since your initial application or last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> . Submit a statement which includes complete details of the complaints that have been filed against you. **If you previously reported the complaint to the Board, provide the docket number _____

Marielina Scalfidispina

Marielina Scalfidispina, Director of GME

MAR 28 2017

Please review and update, as necessary, the following information regarding your license:

	Beginning Date	Ending Date	PGY Training Level	ACGME Specialty	Hospital #	Hospital Name
Current	06/18/2016	06/17/2017	Level 2	Obstetrics and Gynecology	HS000181L	PENNSYLVANIA HOSPITAL
Renewal	4/18/17	6/17/18	Level 3	OB GYN	HS000181L	Pennsylvania Hospital

Signature of Licensee (Mandatory):

[Redacted Signature]

Date: 3/15/17

Medical School Graduation Date:

May 2015

SSN:

[Redacted SSN]

CONTINUING MEDICAL EDUCATION

ACT 31 OF 2014 - EFFECTIVE WITH THE FIRST LICENSE RENEWAL AFTER JANUARY 1, 2015, all health-related licensees and funeral directors applying for the renewal of a license issued by the Board shall be required to complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements as a condition of renewal.

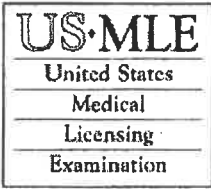
Please note that Act 31 applies to all health-related licensees, regardless of whether they are subject to the continuing education requirements of the applicable board.

Details can be found at www.dos.pa.gov. For a list of Board-approved providers, click the "Act 31 Mandated Child Abuse Reporter Training" link. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.

ATTACHMENTS FOR RENEWING:

- **FEE** – \$15.00 check payable to "COMMONWEALTH OF PENNSYLVANIA". Write your license number on your payment. A \$20.00 fee will be assessed for a returned payment.
- **LATE FEE** - \$5.00 per month, or part of a month. Late renewal fee will be assessed if postmarked after the expiration date.
- **NAME CHANGE DOCUMENT** – Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree, etc.)
- **PGY 2 LEVEL** – Copy of your USMLE Step 1 and 2 scores OR FLEX I scores OR National Board Part 1 and 2 scores OR an acceptable combination as indicated in the regulations.
- **PGY 3 LEVEL or above** – Copy of your USMLE Step 3 scores OR FLEX I and II scores OR National Board Parts 1-3 scores OR an acceptable combination as indicated in the regulations OR a copy of your unrestricted license WHICH SHOWS THE CURRENT EXPIRATION DATE.

MAR 28 2017



UNITED STATES MEDICAL LICENSING EXAMINATION®

STEP 3 SCORE REPORT

This score report is provided for the use of the examinee.

Third-party users of USMLE information are advised to rely solely on official USMLE transcripts.

Feingold-Link, Elana Tal

USMLE ID: 5-275-683-0

Test Date: May 11, 2016

The USMLE is a single examination program consisting of three Steps designed to assess an examinee's understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care. Step 3 is designed to assess whether an examinee can apply medical knowledge and understanding of biomedical and clinical science essential for the unsupervised practice of medicine, with emphasis on patient management in ambulatory settings. The examination consists of two days: Day 1, Foundations of Independent Practice (FIP), assesses an examinee's knowledge of basic medical and scientific principles essential for effective health care; Day 2, Advanced Clinical Medicine (ACM), assesses the examinee's ability to apply comprehensive knowledge of health and disease in the context of patient management and the evolving manifestation of disease over time. Results of the examination are reported to medical licensing authorities in the United States and its territories for use in granting an initial license to practice medicine. This score[§] represents your result for the administration of Step 3 that began on the test date shown above.

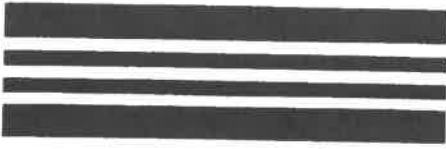
PASS	This result is based on the minimum passing score recommended by USMLE for Step 3. Individual licensing authorities may accept the USMLE-recommended pass/fail result or may establish a different passing score for their own jurisdictions.
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238	This score is determined by your overall performance on Step 3. For administrations between January 1, 2015 and December 31, 2015, the mean and standard deviation for first-time examinees from U.S. and Canadian medical schools were approximately 225 and 16, respectively, with most scores falling between 140 and 260. A score of 196 is recommended by USMLE to pass Step 3. The standard error of measurement (SEM) [‡] for this scale is approximately six points.
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MAR 28 2017

[§]Effective April 1, 2013, test results are reported on a three-digit scale only. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

[‡]Your score is influenced both by your general understanding of clinical medicine and by the specific set of items selected for this Step 3 examination. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content.



TARGET SHEET

Board: Medicine

Licensee Full Name:
ELANA TAL FEINGOLD-LINK

License No:
MT209601

3339259_LIC_1_06/08/2015

MT 209601

(01/2015)

<p>Regular Mailing Address STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-1400/717-787-2381 Email: st-medicine@pa.gov</p>	<p>Courier Delivery Address STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110</p>	<p>HOSPITAL USE ONLY TO BE COMPLETED FOR BULK CHECK USAGE HOSPITAL NAME: _____ HS#: _____ Receipt #: _____</p>
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APPLICATION FOR A GRADUATE MEDICAL TRAINING LICENSE FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS (SCHOOLS IN THE U.S. AND CANADA)

Submit a \$30 fee, check or money order, made payable to the "Commonwealth of Pennsylvania." **FEES ARE NOT REFUNDABLE.** Note: A processing fee of \$20 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

TO BE COMPLETED BY APPLICANT
(Please print or type)

NAME:	Last <i>Feingold-Link</i>	First <i>Elana</i>	Middle <i>Tal</i>
ADDRESS:	Street [REDACTED]		
City	<i>Philadelphia</i>	State <i>PA</i>	ZIP <i>19147</i>
DATE OF BIRTH:	Month [REDACTED] Day [REDACTED] Year [REDACTED]	SOCIAL SECURITY NUMBER:	[REDACTED]

If your medical/licensure records are listed under another name or names, please list below:

APPLYING USING FCVS (FEDERATION CREDENTIAL VERIFICATION SERVICE):	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
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NAME & ADDRESS OF MEDICAL SCHOOL

NAME OF MEDICAL SCHOOL:	<i>Vanderbilt University School of Medicine</i>		
ADDRESS OF SCHOOL:	<i>2215 Garland Ave (Light Hall), Nashville, TN 37232</i>		
DATES OF ATTENDANCE:	From: Month/Day/Year <i>8/2/2010</i>	To: Month/Day/Year <i>5/8/2015</i>	
DATE OF GRADUATION:	Month/Day/Year <i>5/8/2015</i>		

PREVIOUS TRAINING HOSPITAL INFORMATION

NAME & ADDRESS OF PREVIOUS TRAINING HOSPITAL(S): (if applicable)	DATES OF PREVIOUS TRAINING:	SPECIALTY:

JUN 01 2015

Regular Mailing Address STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-1400/717-787-2381 Email: sf-medicine@pa.gov	Courier Delivery Address STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110	HOSPITAL USE ONLY TO BE COMPLETED FOR BULK CHECK USAGE HOSPITAL NAME: _____ HS#: _____ Receipt #: _____
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APPLICATION FOR A GRADUATE MEDICAL TRAINING LICENSE FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS (SCHOOLS IN THE U.S. AND CANADA)

Submit a \$30 fee, check or money order, made payable to the "Commonwealth of Pennsylvania." **FEES ARE NOT REFUNDABLE.** Note: A processing fee of \$20 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

TO BE COMPLETED BY APPLICANT
(Please print or type)

NAME:	Last Feingold-Link	First Elana	Middle Tal
ADDRESS:	Street [REDACTED]		
City Philadelphia	State PA	ZIP 19147	
DATE OF BIRTH:	Month [REDACTED]	SOCIAL SECURITY NUMBER:	[REDACTED]

If your medical/licensure records are listed under another name or names, please list below:

APPLYING USING FCVS (FEDERATION CREDENTIAL VERIFICATION SERVICE):	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
--	------------------------------	--

NAME & ADDRESS OF MEDICAL SCHOOL

NAME OF MEDICAL SCHOOL:	Vanderbilt University School of Medicine		
ADDRESS OF SCHOOL:	2215 Gardland Ave (Light Hall), Nashville TN 37232		
DATES OF ATTENDANCE:	<u>From:</u> Month/Day/Year 06/10/2010	<u>To:</u> Month/Day/Year 05/08/2015	
DATE OF GRADUATION:	Month/Day/Year 05/08/2015		

PREVIOUS TRAINING HOSPITAL INFORMATION

NAME & ADDRESS OF PREVIOUS TRAINING HOSPITAL(S): (If applicable)	DATES OF PREVIOUS TRAINING:	SPECIALTY:
	MAY 11 2015	

Maria Scafidi

 Maria Scafidi, Director of GME

APPLICATION FOR GRADUATE MEDICAL TRAINING LICENSE - AMERICAN

NAME OF APPLICANT:	Last Feingold-Link	First Elana	Middle Tal
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TO BE COMPLETED BY HOSPITAL LOCATED IN PENNSYLVANIA

ATTENTION HOSPITAL: When listing the specialty in which the doctor will be training, list the specialty by the name in which the program is accredited with ACGME. If the Board cannot verify that the program is accredited by ACGME, a discrepancy will occur and could cause a delay in issuing the license.

NAME OF HOSPITAL:	PENNSYLVANIA HOSPITAL		HS-000181 -L
HOSPITAL ADDRESS:	Street 800 SPRUCE ST. (2 PINE EAST BLDG.)		
City:	PHILA	State:	PA
		ZIP:	19107

YEAR IN TRAINING:	1	ACGME SPECIALTY:	OBSTETRICS & GYNECOLOGY	LEVEL IN TRAINING-PGY	1	OK
DATES OF TRAINING REQUESTED:		BEGIN DATE: Month/Day/Year	06-18-2015	END DATE: Month/Day/Year	06-17-2016	

TO BE COMPLETED BY HOSPITAL PROGRAM DIRECTOR

I VERIFY THAT I AM THE PROGRAM DIRECTOR FOR THE HOSPITAL PROGRAM LISTED ABOVE AND THAT THIS IS AN ACGME ACCREDITED PROGRAM AT THIS HOSPITAL

NAME OF PROGRAM DIRECTOR:	Dominic [Signature]
SIGNATURE OF PROGRAM DIRECTOR:	[Redacted Signature]
DATE:	5-5-15

MAY 11 2015

LEGAL QUESTIONS

You must answer the following questions. If you answer "YES" to #2 through #13, provide complete details on a separate sheet as well as certified copies of relevant documents.

		Yes	No
1.	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, provide the profession and state or jurisdiction. LIST:		X
2.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		X
3.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		X
4.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		X
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		X
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		X
7.	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		X
8.	Have you had your DEA registration denied, revoked or restricted?		X
9.	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		X
10.	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		X
11.	Have you engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
12.	If you answered "Yes" to question 11, are you currently participating in the Pennsylvania Professional Health Monitoring Program?		X
13.	Have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. **If you previously reported the complaint to the Board provide the docket number _____		X

SIGNED STATEMENT

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services, the licensing boards must provide to the Department of Human Services information prescribed by the Department of Human Services about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 8 Pa. C.S. Section 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Applicant

Elana Tal Feingold-Link

Printed Name of Applicant

04/21/2015

Date

MAY 11 2015

VANDERBILT UNIVERSITY SCHOOL OF MEDICINE
Curriculum Vitae

Date: 4/22/15

ELANA TAL (FEINGOLD-LINK)

Home Address: [REDACTED]
Philadelphia, PA 19147

Office Address: Pennsylvania Hospital
800 Spruce Street
Philadelphia, PA 19107

Education:

09/2006 – 05/2010	BA	University of Pennsylvania (Biochemistry)
09/2006 – 12/2010	MS	University of Pennsylvania (Chemistry)
06/2010 – 05/2015	MD	Vanderbilt University School of Medicine

Postgraduate Training and Fellowship Appointments:
06/2015 – 06/2016 Intern in OBGYN, Pennsylvania Hospital, Philadelphia

Military Service: none

Faculty Appointments: none

Hospital and Administrative Appointments: none

Special Certifications: none

Awards, Honors and Membership in Honorary Societies:

2010	Phi Beta Kappa Honor Society
2012	Outstanding Shade Tree Clinic Staff Member of the Year
2014	ACOG John Gibbons Medical Student Award

MAY 11 2015

Memberships in Professional and Scientific Societies:

National Societies:

American Medical Student Association (Member, 09/2010 - 05/2015)
American Congress of Obstetrics and Gynecologists (Member, 10/2013 - Present)
Gay and Lesbian Medical Student Association (Member, 2/2014 - Present)
Medical Students for Choice (Member, 09/2010 - Present; Vanderbilt Chapter President, 04/2014 - 04/2015)

Editorial Positions: none

Principal Investigators of Grants: none

Academic Committees at the University of Pennsylvania: none

Major Teaching and Clinical Responsibilities for the University of Pennsylvania, or University of New recruit: none

Lectures by Invitation: none

Bibliography:

Original papers:

- Elana T Feingold-Link***, Todd L Edwards*, Katharine E Hartmann, Digna R Velez Edwards. *Enhancing uterine fibroid research through utilization of biorepositories linked to electronic medical record data*. Journal of Women's Health. 2014 Dec 23;(12):1027-32. *Equally contributing first authors.
- Cody J Smith, Tim D O'Brien, Marios Chatzigeorgiou, W Clay Spencer, **Elana Feingold-Link**, Steven J Husson, Sayaka Hori, Shohei Mitani, Alexander Gottschalk, William R Schaefer, and David M Miller III. *Sensory neuron fates are distinguished by a transcriptional switch that regulates dendrite branch stabilization*. Neuron. 2013 Jul 24;79(2):266-80.
- Hiroaki Komatsu, **Elana Feingold-Link**, Kim A Sharp, Tanvi Rastogi, Paul H Axelsen. *Intrinsic linear heterogeneity of amyloid {beta} protein fibrils revealed by higher resolution mass-per-length determinations*. Journal of Biological Chemistry. 2010 Dec 31; 285(53): 41843-51.
- Guillermo I. Perez-Perez, Anna M. Maw, **Elana Feingold-Link**, Jennifer Gunn, Andrea L. Bowers, Cecilia Minano, Hilpi Rautelin, Timo U. Kosunen, Martin J. Blaser. *Longitudinal analysis of serological responses of adults to Helicobacter pylori antigens*. The Journal of Infectious Diseases. 2010 Sep 15; 202(6): 916-23.

Editorials, Reviews, Chapters: none

Books: none

Botta, Adrienne

From: Fisher, Odinae A [REDACTED]
Sent: Monday, June 01, 2015 9:26 AM
To: Scafidi, Marialaina
Subject: FW: Onboarding Discrepancies: Attention ASAP
Attachments: Elana Tal Corrected Form.pdf

FYI

From: [REDACTED] **On Behalf Of** Lani Feingold-Link
Sent: Monday, June 01, 2015 9:18 AM
To: Fisher, Odinae A; Scafidi, Marialaina
Subject: Re: Onboarding Discrepancies: Attention ASAP

I'm very sorry about the discrepancy. Indeed the medical school had the correct dates (I did a lab rotation starting 6/10/2010 but was not officially enrolled until 8/2/2010--my mistake).

I am attaching the corrected form. Please let me know if there are any problems with it.

Thanks!
Lani

--
Elana Tal, MD
Pennsylvania Hospital
[REDACTED]

JUN 01 2015

unt

PENNSYLVANIA STATE BOARD OF MEDICINE

**VERIFICATION OF MEDICAL EDUCATION
(For Graduates of Accredited Medical Schools)**

SECTION 1 – TO BE COMPLETED BY APPLICANT

NAME:	Last Feingold-Link	First Elana	Middle Tal
NAME OF MEDICAL SCHOOL:	Vanderbilt University School of Medicine		
LOCATION:	Nashville, TN		

Submit the verification of medical education form to your medical school and request the school return the completed form directly to the board in an official school envelope.

SECTION 2 – TO BE COMPLETED BY DEAN OR REGISTRAR OF MEDICAL SCHOOL

NAME OF MEDICAL SCHOOL:	Vanderbilt University School of Medicine		
NAME OF MEDICAL STUDENT:	Last Feingold-Link	First Elana	Middle Tal
DATE STUDENT BEGAN TO ATTEND THIS MEDICAL SCHOOL:	Month 08	Day 02	Year 2010
DATE OF GRADUATION:	Month May	Day 08	Year 2015

I CERTIFY THAT ALL OF THE INFORMATION LISTED ABOVE IS CORRECT

SIGNATURE OF DEAN/REGISTRAR:	<i>Melissa Carver</i>
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DATE:	Month 05	Day 15	Year 2015
--------------	-------------	-----------	--------------

This form may be completed **ONLY three months prior to graduation**. Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in an official school envelope.

****** IF GRADUATION DOES NOT TAKE PLACE, NOTIFY THE BOARD IMMEDIATELY******

DO NOT RETURN THIS FORM TO THE APPLICANT

(Seal of School)

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381

Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

RECEIVED DIRECT

MAY 28 2015

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date:5/19/2015

PRACTITIONER INFORMATION

Name: Elana Tal Feingold-Link
DOB: [REDACTED]
Medical School: Vanderbilt University School of Medicine
Nashville, Tennessee, UNITED STATES
Year of Grad: 2014
Degree Type: MD

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
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PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date:5/19/2015
Practitioner Name: Elana Tal Feingold-Link

ABMS® CERTIFICATION HISTORY

No ABMS Certifications found.

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@pa.gov
www.dos.state.pa.us/med
May 28, 2015

Telephone: 717-783-1400/787-2381
Fax: 717-787-7769

ELANA TAL FEINGOLD-LINK 9849
PENNSYLVANIA HOSPITAL
ACADEMIC AFFAIRS OFFICE
800 SPRUCE STREET
2 PINE WEST
PHILADELPHIA PA 19107

EVALUATOR: ADRIENNE

RE: DISCREPANCY NOTICE – Graduate Medical Training (American)

Dear Applicant:

The Board has received your application for a Graduate License. The items listed below are needed to complete your application. A license cannot be issued until all items are received, approved and the application is complete. You may not practice in a graduate medical training program in the Commonwealth of Pennsylvania until a license has been issued by the Board.

- ✍ Verification of Medical Education must be received DIRECTLY from the medical school in an official, sealed medical school envelope.
 - DATES ON FORM (8/2/10 - 5/8/15) DO NOT MATCH DATES ON APPLICATION (6/10/10 - 5/8/15)
 - PLEASE RESUBMIT WHICHEVER IS INCORRECT
- Per Act 31 of 2014, three (3) hours of Board-approved continuing education in child abuse recognition and reporting requirements must be completed prior to your license being issued. Verification of completion must be sent electronically and directly from the course provider. Please note that it may take up to 7 days for the provider to submit the records to our office. Details can be found at www.dos.pa.gov. For a list of Board-approved providers, click the “Mandated Child Abuse Reporter Training Under Act 31” link.

PLEASE NOTE: Act 31 of 2014 applies to all health-related licensees, regardless of whether they are subject to any other continuing education requirements of the Board

**APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS
WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS.**



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
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st-medicine@pa.gov
www.dos.state.pa.us/med
May 28, 2015

Telephone: 717-783-1400/787-2381
Fax: 717-787-7769

ELANA TAL FEINGOLD-LINK 9849
PENNSYLVANIA HOSPITAL
ACADEMIC AFFAIRS OFFICE
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EVALUATOR: ADRIENNE

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